

Arizona Department of Public Safety  
Concealed Weapon Permit Unit  
P.O. Box 6488  
Phoenix, AZ 85005  
(602) 256-6280 or 1-800-256-6280



**CHECK ALL THAT APPLY**

**CHANGE:** ☐ Permit # \_\_\_\_\_ ☐ Address ☐ Telephone  
☐ Instructor # \_\_\_\_\_ ☐ Address ☐ Telephone  
☐ Organization # \_\_\_\_\_ ☐ Address ☐ Telephone

**ERROR ON PERMIT:** ☐ Name Incorrect ☐ Hair Color ☐ Eye Color ☐ Race  
☐ Weight ☐ Height ☐ Date of Birth ☐ Sex

**NEVER RECEIVED PERMIT:** ☐

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle Month Day Year

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_ This is to notify the Arizona Department of Public Safety in writing that my permit has an error and a replacement permit is requested. **Enclosed is my Concealed Weapon Permit.** I understand I may not carry a concealed weapon without a valid permit in my possession. (No fee required.)

\_\_\_\_\_ This is to notify the Arizona Department of Public Safety in writing of a change of address and/or phone number(s) regarding my Concealed Weapon Permit or Instructor and/or Organization.

Residence Address: \_\_\_\_\_  
Street Name & Number Apt./Lot #

\_\_\_\_\_  
City/Town Zip Code

Mailing Address: \_\_\_\_\_  
Street Name & Number Apt./Lot #

\_\_\_\_\_  
City/Town Zip Code

Home Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ This is to notify the Arizona Department of Public Safety I have never received a permit and a replacement permit is requested. I understand I may not carry a concealed weapon without a valid permit in my possession.

Please return the completed form to the address above **within 10 calendar days.**

\_\_\_\_\_  
Signature

Revised 2/1/2003